

CRIMINAL HISTORY RECORD NAME & SEX OFFENDER SEARCH REQUEST

INSTRUCTIONS FOR COMPLETING FORM BIUSP-167

1. Print clearly all sections of the request form. Enter N/A in sections where information is not applicable.
2. Section 1 is to be completed by the contractor, volunteer or student for whom the request is to be conducted as follows:
 - Last Name, First Name & Middle Name – Enter full name, no initials
 - Suffix – Sr., Jr., I, II or III
 - Aliases – Former married name(s), maiden name, pen name(s), spiritual name(s), etc.
 - Sex – Male or Female
 - Race – B (Black), W (White), A (Asian) or I (Indian) ~ **there is no Hispanic code**
 - Date of Birth – Month, day and year born
 - Place of Birth – County or City (if USA state)
 - Place of Birth – State or Country of birth
 - Social Security Number – Enter dashes
3. Section 1.A. **must be** signed by the contractor, volunteer or student for whom the request is to be conducted. The signature **must be** notarized to provide consent for the search to be conducted.
4. Section 1.B. is to be completed and signed by the contractor, volunteer or student for whom the request is to be conducted.
5. Section 2. is to be completed by the licensed private provider making the request. This section **must be completed** in order to receive the processed criminal record search.
6. Section 2.A. **must be** signed by the authorized provider contact person to receive the search results. The signature **must be** notarized to provide consent for the search to be conducted.
7. The provider should read and note all information in Section 2.B.
8. Form BIUSP-167 should be completed and mailed to the address specified in Section 3. No personal checks are accepted for submission of form BIUSP-167, only certified check/money order or organizational checks. All checks/money orders must be made payable to the "TREASURER OF VA" and for the total number of searches submitted.
9. Section 4. will be completed by the Background Investigations Unit. **DO NOT MARK IN THIS AREA.**

IMPORTANT: SUBMIT ORIGINAL TO BIU; MAKE A COPY FOR YOUR FILE (PROVIDER). ONCE THE SEARCH IS COMPLETED, THE ORIGINAL WILL BE RETURNED TO YOU (PROVIDER) WITH THE FINDINGS. UPON RECEIPT, STAPLE THE ORIGINAL (WITH THE FINDINGS) TO THE COPY AND FILE.

To obtain additional forms, visit our website at www.dmhmrzas.virginia.gov/OL-BackgroundInvestigation.htm or phone at (804) 786-1078.